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FACSIMILE COVER SHEET

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NAME OF INVENTOR(S): Janakiraman		Serial No.: 10/709,996
TITLE OF INVENTION:		Filing Date: 6/11/2004
SAR ADC PROVIDING DIGITAL CODES WITH HIGH ACCURACY AND HIGH THROUGHPUT PERFORMANCE		
TI FILE NO.:	DEPOSIT ACCT, NO.:	
TI-36521	20-0668	
FAXED: 03/23/2005 DUE: 03/03/2005 ATTY/SECY: WDS/IIc		

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P. 03/23 PTO/SB/17 (11-04)

Date Filed:

6/11/2004

Approved for use through 07/31/2008. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. Complete if Known Effective on 10/01/2004. Patent Fees are subject to annual revision 10/709,996 **Application Number** FEE TRANSMITTAL 6/11/2004 Filing Date For FY 2005 Seetharaman Janakiraman First Named Inventor Young, Brian K. **Examiner Name** 2819 Art Unit Applicant claims small entity status. See 37 CFR 1.27 TI-36521 320 Attorney Docket No. TOTAL AMOUNT OF PAYMENT FEE CALCULATION (continued) **METHOD OF PAYMENT (check all that apply)** EXTRA CLAIM FEES **Credit Card** Money Check **Small Entity** Order Fee (\$) 50 Fee (\$) Fee Description X Deposit Account: None Each claim over 20 100 Each independent claim over 3 200 Deposit 20-0668 Account 180 360 Muitiple dependent claims Number Deposit Account Texas Instruments Incorporated For Reissues, each claim over 20 and Name 50 25 More than in the original patent The Director is authorized to: (check all that apply) For Reissues, each independent claim Charge fee(s) indicated below More than in the original patent 200 100 Charge fee(s) indicated below, except for filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) -20 or 59 (HP) =59 1.16 and 1.17 Credit any overpayments Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) -3 or 8 (HP) = 200 200 to the above-identified deposit account. HP = Highest number of total claims paid for, if greater than 20 Other (please identify): _ Fee Paid (\$) Multiple Dependent Claims Fee (\$) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Subtotal (2) 200 information and authorization on PTO-2038 Other Fees FEE CALCULATION Small Entity **BASIC FILING FEE** Fee (\$) <u>Fee</u> Fee Paid (\$) Fee Description 1-month extension of time 120 **Small Entity** 215 2-month extension of time 450 Fee Paid (\$) Fee Description Fee (\$) Fee (\$) 490 3-month extension of time 1,020 300 150 300 Utility Filing Fee 4-month extension of time 1,530 765 Design Filing Fee 350 175 2,080 1,040 5 - month extension of time 550 275 Plant Filing Fee Information disclosure stmt. fee 180 180 Reissue Filing Fee 790 395 37 CFR 1.17(q) processing fee 50 80 Provisional Filing Fee 160 Non-English specification 130 130 Notice of Appeal 340 170 Utility Search Fee 500 500 250 Filing a brief in support of appeal 170 340 Design Search Fee 100 50 150 Request for oral hearing 300 Plant Search Fee 300 150 XX XX Other: Reissue Search Fee 500 250 Provisional Search Fee 0 Subtotal (3) Utility Examination Fee 200 100 200 Design Examination Fee 130 65 Plant Examination Fee 160 80 Reissue Examination Fee 600 300 Subtotal (1) SUBMITTED BY Registration No. 34,478 Signature (972) 917-5633 Telephone (Attorney/Agent) Name (Print/Type) W. Daniel Swayae, Date

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